

Health Decisions, Inc.

**4517 Coconino Court
Fort Worth, TX 76137**

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Notice of Independent Review Decision

January 26, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral C3, C4, C5 Facet Blocks

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

American Board Certified Neurosurgeon with over 17 years' experience

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured in a work related incident on xx/xx/xx. He has had a CT and pain medications without relief.

08-30-14: Office Visit Report. The claimant c/o chronic neck pain that is bilateral and radiates to the right shoulder. It is worsened by rotation of the head or neck or neck flexion. Medications: Hydrocodone 10/325, OxyContin 60mg. Upon exam, chronic decrease in ROM with soft tissue and vertebral tenderness. Plan: Apply ice and continue pain medications.

08-30-14: CT C-Spine without Contrast. Impression: 1. multilevel degenerative disc disease and degenerative facet joint disease as described above. 2. Multilevel ACDF changes at C5-6 and C5-7 levels as described above. 3. Posterior fusion extending from C6 through C7 as above. 4. No acute findings.

11-11-14: Office Visit Report. The claimant c/o neck pain which radiates to left upper extremity. He complains that he can't hold his head up and has a stabbing sensation. He rates pain 7/10. The claimant states he has moderate pain relief with pain medications. He has 32% disability on the Oswestry Disability Index. Also c/o numbness of the neck and weakness in the upper extremities and hands. Upon ROS, has +myalgia's, +arthralgia's, +neck pain, +numbness, neck, bilateral extremities, +weakness, UE/hands. Upon exam, claimant has mild weakness of the triceps on the left-hand side. Impression: Cervical spondylosis and degenerative disc disease lumbar cervical spondylosis. Plan: C3, 4 Facet blocks bilaterally.

11-17-14: URA. Rationale: The patient presents with a history of a work related accident that occurred on 04-18-00. He injured his neck and developed chronic pain symptoms. He underwent a cervical fusion subsequently, but his neck pain has persisted. A physical exam on 11-11-14 reported radicular pain down the left upper extremity and left triceps weakness. His provider is requesting bilateral C3, C4, C5 facet blocks. The patient in this case is documented as having persistent radicular pain down the left upper extremity. The Official Disability Guidelines (ODG) stat that facet joint injections are limited to patients with cervical pain that is non-radicular. This criterion is not met as the patient has documented left radicular pain. Therefore, the request for bilateral C3, C4, and C5 facet block would not be considered medically necessary/appropriate in this clinical setting.

11-22-14: Neurosurgery Workman's Compensation Office Visit. The claimant c/o neck pain that radiate to LUE. He rates pain 6/10. Pain medication provides moderate relief. The claimant is at 48% on the Oswestry Disability Index. He c/o numbness of the neck and weakness in BUE. Medications: Efudex, Hydrocodone, OxyContin. Upon exam, pt has tandem gait. Negative Romberg. Full deltoid, biceps, triceps, brachioradialis grip strength. Pt has weakness of the triceps on the LUE and depression of the triceps reflex on the LUE; he is tender to palpation in the upper portion of the cervical spine. Impression: Facet syndrome degenerative disc dx spondylosis. Plan: Facet blocks d/t clear cut spondylosis at C3, C4 bilaterally tender to palpation and has primarily axial pain.

12-02-14: URA. Peer to Peer: Spoke. The last visit was 11-22-14 with no changes. He confirmed that pain does radiate to LUE and there is triceps weakness. Rationale: Bilateral C3, C4 and C5 facet blocks are not medically necessary. The patient still has presence of radicular pain as documented in history and physical exam for this patient. Additionally, recent note indicates no recent trial of physical therapy, and there is no recent trial of NSAIDS.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous decisions are upheld. This patient has neck pain with left triceps weakness with radiating left arm pain. He had a work injury in 4/18/2000 and had C5/6 and C6/7 anterior and posterior fusion. His Cervical CT shows degenerative disc and facet joint disease. According to ODG criteria, facet blocks are limited to

patients without radicular complaints, which this patient appears to have. He is not a candidate for facet blocks alone due to his arm symptoms. Therefore the request for Bilateral C3, C4, C5 Facet Blocks is non-certified.

Per ODG:

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY
GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW
BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE &
PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**